



DOCKET #: PF-0027 US

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By:

Printed: Douglas A. Cave

#8
8/29/96
Q Evans

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of: Coleman et al.) Group Art Unit: 1807 !
)
Serial No.: 08/390,740) Examiner: Rees, D.
)
Filed: February 17, 1995)
)
Title: **NEW CHEMOKINES**)
 EXPRESSED IN PANCREAS)

Assistant Commissioner for Patents
Washington, D.C. 20231

**SUPPLEMENTAL INFORMATION DISCLOSURE STATEMENT
WITH FEE UNDER §1.17(p)**

Sir:

Pursuant to 37 C.F.R. §§ 1.56, 1.97 and 1.98, Applicants wish to call to the attention of the Examiner the enclosed "List of References Cited by Applicants." The right is reserved to antedate any item in accordance with standard procedure.

Citation of the documents is not to be construed as an admission that the documents are necessarily prior art with respect to the instant invention. This submission is understood to complement the results of the Examiner's own independent search. Citation of the documents shall not be construed as a representation that a search has been made or that the cited items are inclusive of all the relevant and material citations that may be available publicly. Any NCBI report included herein may not have an accurate date for prior art purposes. Some of the documents may have markings thereon. No significance is meant to be attached to the markings.

Applicants respectfully request that the cited document be considered by the Examiner and that an initialed copy of the Supplemental List of References Cited by Applicants be returned to Applicants.

It is believed that this disclosure complies with 37 CFR §§ 1.56, 1.97 and 1.98 and the Manual of Patent Examining Procedures § 609. If for some reason the Examiner considers otherwise, please telephone the undersigned.

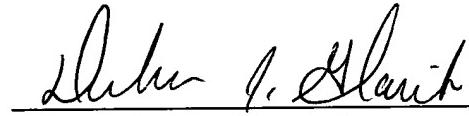
Please charge Deposit Account No. **09-0108** the **\$220.00** fee for the Information Disclosure Statement under 37 C.F.R. §1.17(p). A **duplicate copy of this communication is enclosed**. The Commissioner is hereby authorized to charge any additional fees which may be required, or credit any overpayment to Deposit Account 09-0108.

If there are any questions regarding the above, the Examiner is invited to call the undersigned at 415-855-0555.

Respectfully submitted,

INCYTE PHARMACEUTICALS, INC.

Date: July 26, 1996


Debra J. Glaister, Patent Agent
Reg. No. 33,888

3174 Porter Drive
Palo Alto, California 94304
Phone: (415) 855-0555
Fax: (415) 845-4166